



Maricopa County
Ryan White Part A Program
Policy and Procedures

Non-medical Case Management Services

Effective Date: 03/01/2011

Revised Date: 03/01/2011

Reviewed Date: 01/31/2011

PURPOSE:

To guide the administration of Ryan White Part A Program's Non-medical Case Management program. The administration of funds must be consistent with Part A client eligibility criteria and the service category definitions established by the Ryan White Part A Program Planning Council.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 defines support services as services needed by individuals with HIV/AIDS to achieve medical outcomes. Medical outcomes are defined as those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

POLICIES:

- The funds are intended to provide non-medical case management services to link eligible clients to medical care and other support services available that ensure continuity of care and increase the likelihood of desired health outcomes.
- Non-medical case management is a support service that includes supportive activities that focus on the psychosocial aspects of coordinating services and meeting the needs of the client as determined from the client assessment focusing on increasing the likelihood of desired health outcomes.
- All services reported in CAREWare for any client level Non-medical Case Management service must include an identification of the Case Manager/staff member who provided the service.
- Case management providers will be responsible for the eligibility and payment processing for eligible clients that need emergency financial assistance as defined in the policy and procedures for the Financial Assistance Program (FAP).
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief summary of what was communicated in adherence with the client charting definition.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- Appropriate client authorized releases of information must be on file to allow for the proper inter-provider communications needed to increase the likelihood of desired health outcomes related to the HIV-related clinical status of an eligible client.



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- All fee- for- service reimbursements made under this service are limited to the current Arizona Health Care Cost Containment System (AHCCCS) reimbursement rates, as applicable, or a reasonable rate approved by the Administrative Agency. Contractors with direct cost reimbursement contracts will be reimbursed for actual/allowable costs incurred during the contract period.
- Specific clinical outcomes (as defined by the Maricopa County's Ryan White Part A Office) need to be measured and reported for this service.
- Transitional Case Management services (at an approved, contracted correctional institution) are only available within 90 days of inmate release and ceases upon the client's initial contact with a traditional case management provider outside of the correction facility.
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.

DEFINITIONS:

Non-medical case management services:

Include the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Client Charting:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation that is authenticated original documentation, and will not accept copies of assessments, treatment plans and progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

CLIENT ELIGIBILITY CRITERIA:

To be eligible for case management services, a client must meet all of the standard eligibility criteria as defined in Section 3 Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix D – Menu of Services.

A client who has previously received case management services as an eligible client, but is currently "Not Eligible" according to the Central Eligibility status in CAREWare, may need minimal assistance in continuing care to meet his/her needs. Services may



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be provided by the agency on a restricted basis, without first collecting eligibility documents with the following limitations:

- Proof of HIV status must be on file.
- No more than 5% of total monthly case management units will be ineligible clients
- No more than a total of eight (8) units per ineligible client can be billed per grant year
- The units can be billed for no more than two (2) consecutive months in a row

ELIGIBLE COSTS AND SERVICES:

Non-medical Case Management

Non-medical Case Management Assessment

- Provide face-to-face non-medical case management to eligible clients to review and coordinate referrals to psychosocial or support services. These activities focus on coordinating services based on client need and their clinical requirements. This includes face-to-face contact with the client, the client's representatives and providers on behalf of the client.

1 unit = 15 minutes

Other Non-medical Case Management Assessment

- Provide non face-to-face case management to eligible clients to review and coordinate referrals to psychosocial or support services. These activities focus on coordinating services based on client need and their clinical requirements. This includes telephone contacts with the client, the client's representatives and providers on behalf of the client.

1 unit = 15 minutes

Non-medical Case Management:

- Provide face-to-face case management to eligible clients to review, coordinate referrals and reevaluate the care plan to maintain a continuity of care focused on the client's psychosocial and/or support services needs. This includes face-to-face contacts with client, client's representatives and providers on behalf of the client.

1 unit = 15 minutes



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- Provide non face-to-face case management to eligible clients to review, coordinate referrals and reevaluate the care plan to maintain a continuity of care focused on the client's psychosocial and/or support services needs. This includes telephone contacts with client, client's representatives and providers on behalf of the client.

1 unit = 15 minutes

FAP Non-medical Case Management Assessment:

- Provide face-to-face case management to eligible clients to evaluate financial assistance requests for a supportive service to ensure they meet the requirements for financial assistance and to process payments according to the FAP policies and procedures. This includes face-to-face contacts with client, client's representatives and providers/individuals whom financial obligation is due to on behalf of the client.

1 unit = 15 minutes

FAP Other Non-medical Case Management Assessment:

- Provide non face-to-face case management to eligible clients to evaluate financial assistance requests for a supportive service to ensure they meet the requirements for financial assistance and to process payments according to the FAP policies and procedures. This includes telephone contacts with client, client's representatives and providers/individuals whom financial obligation is due to on behalf of the client.

1 unit = 15 minutes

Transitional Non-medical Case Management Assessment:

- Provide face-to-face assessments to currently incarcerated eligible clients to determine the care plan required to maintain a continuity of care focused on the client's needs upon release from the correctional facility. This includes face-to-face contacts with client, client's representatives and providers on behalf of the client.

1 unit = 15 minutes

Other Transitional Non-medical Case Management Assessment:

- Provide non face-to-face assessments to currently incarcerated eligible clients to determine the care plan required to maintain a continuity of care focused on the client's needs upon release from the correctional facility. This includes telephone contacts with client, client's representatives and providers on behalf of the client.

1 unit = 15 minutes



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Transitional Non-medical Case Management:

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1 unit = 15 minutes

Other Transitional Non-medical Case Management:

- Provide non face-to-face case management to currently incarcerated eligible clients review, coordinate referrals and reevaluate the care plan required to maintain a continuity of care focused on the client's needs upon release from the correctional facility. This includes telephone contacts with client, client's representatives and providers on behalf of the client.

1 unit = 15 minutes